



the

# AURICLE

## Admissions:

### The Current Status of Admission Policy to First Year Medicine

There has been much controversy over the admission policy of this medical school in the past few years. The majority of these opinions and criticisms came from the general public, which includes parents & families (who are concerned about the opportunity of medical education for their children), medical students, clinicians, and even politicians. Consequently, the Admissions Committee on Faculty Council has conducted an in-depth review of the selection criteria and come up with the following three recommendations:

1) Non-academic Criteria - "An initial working pool of applicants (500) equal in size to twice the number of places available, will be isolated from the total pool of applicants to first year, solely on the basis of academic performance" .i.e. a grade-point average of 3.4 or higher.

The non-academic qualifications of the applicants in this initial pool will be assessed according to:

- i) Personal (scientific) accomplishments & extracurricular activities.
- ii) Interests & previous involvement in the delivery of health care.
- iii) Ability to communicate, which includes the adequate use of the English language.
- iv) Applicant's own letter explaining the structure of the programme he has taken, + an autobiographical sketch.
- v) Three letters of reference.

Three independent assessors would be selected, including a Faculty (academic) member, a member of the medical student body and a member of the general public. A final score based upon an academic/non-academic ratio of 60:40 would be used to fill the available places in Period IA. Before their final acceptance to medicine is confirmed, all applicants will have a language interview. This interview would provide opportunity both to verify statements made by the applicants and to further assess their ability to communicate.

2) Assessments of Programmes - "Both secondary and post-secondary programmes of all applicants in the clearly acceptable group would be considered and assessed." If the programme of an applicant in this category is more challenging than the average programme and has special merits, the committee should be permitted to raise the grade-point average of the applicant. i.e. difficulty of courses taken would undoubtedly be considered although most applicants take courses in which they have confidence in getting better grades.

3) Canadian citizen vs. Landed immigrant status - "That no preference be given to Canadian citizens over landed immigrants in the selection of students for the undergraduate medical programme."

The above three recommendations were passed and approved by the Faculty Council in their last general meeting on 28 April 1975.

DOONESBURY

(continued on pg.2)





## Admissions: (continued from front page)

The compromise between academic and non-academic assessments used in the final selection of successful candidates evaluates more critically their educational qualifications and personality profiles. In addition the integrity & character, maturity, responsibility, initiative, leadership, human relations skill, and motivation toward a medical career could also be studied and considered. Since these important personal characteristics are essential for potential future doctors, these non-academic criteria should be considered along with the academic achievements in order to select the most capable and suitable applicant.

Under the present socio-economic and educational conditions, competition is inevitable if one is to achieve and progress. If every applicant has the same right and freedom to apply to medical schools, then they should compete on equal grounds and be given unbiased evaluations without any unjustified restrictions and preferences such as race, sex, citizenship, religion and colour. The importance of this fundamental issue is indicated clearly by the unanimous consent given by Faculty Council to recommendation (3).

Thus the admissions policy has begun to shift its focus from "pure academic excellence" to the importance of personality characteristics and motivation towards medicine. However, there remain many unresolved issues, such as the under-representation of medical students from the lower social classes, from rural communities underpopulated with doctors, from the female population, from minority groups such as Indians and Eskimos who are in need of health care. It is hoped that these problems would be dealt with in the future, in order to move towards the universal accessibility of medical education, and the socialisation of medicine.

- Joseph Chu IB

### Microscopes (used)

Bacteriological or Diagnostic  
100X , 400X , 1000X \$265.<sup>00</sup>  
Telephone 537 - 3919

### Daffydil '76 requires

a Director !  
Enthusiasm matters more than  
experience. Please contact Richard  
at 924 - 3177 now!

### Summer Job

in Clinical Pharmacology: A  
medical student is required  
for a survey of adverse drug  
reactions in geriatric pts.  
at Toronto Western Hospital  
Salary - \$500/month  
Please phone Janice 595-6270

### Auditions

for two plays to be staged next  
year: Long Day's Journey into  
Night & Fortune and Mens'  
Eyes  
Please meet at 2:00 p.m. on Sat.  
May 17th in the Alumni Lounge

Those interested in writing for Daffydil '76 are reminded to  
work on their skits this summer. For further information ,  
call Richard at 924 - 3177: He'd be pleased to hear from you!

### Editorial:

Deciding upon a theme for this final issue was not easy. I had a choice of several editorials that are currently in preparation, including "Beyond the Rat Race" and "The Demise of Virtue". Somehow this seemed the most appropriate 'the efficacy of Love' for our farewell edition:

"For thinkers, life is  
a comedy - for feelers,  
a tragedy..."

We live in a society that is quickly losing its capacity to feel. Deafened by screams & sirens, and brainwashed by media that are increasingly violent and obscene, our values have become so brutally warped that we ban cyclamates before banning bullets. In 1974 there were 328 suicides in Metro, including two per week on the subways - an increase of over 200 per cent since 1964. For many, alienation and despair are a way of "life"..

Although free, the cure is not simple - because Love is no mere abstraction or sentiment. To be real, it must be demonstrative. Love can be tiresome and thankless at times; those who deserve it the least often need it the most. But Love is our last hope before anarchy replaces civilisation. Marx professed a great 'love' for humanity, yet his diary reveals a contempt for most individuals. How easy it is to theorise, how difficult to practice - and yet how vital for those who aspire to heal the entire patient.

(cont'd. next September)



" Nothing is so fatal to an ideal as its realisation... "

Schopenhauer  
"The World as Will"

§ From the President's Desk §

Dear Colleagues,

In this last issue of The Auricle for 1974-75 I have assembled a pot-pourri of information and opinion in order to stimulate discussion and/or participation:

- 1) Feedback: Whether you're aware of it or not, you are a member of the Medical Society: you elect/acclaim an executive, a class president and representatives who, collectively, constitute the Medical Assembly. This venerable body meets roughly once a month to decide what your views are, and how to spend the \$15 membership fee you pay each September. That's the way it's been because, in general, we don't know how you feel about some issues that concern you. If you care, why don't you let us know? Talk to us (your representatives), write to us (that's even better), listen to us (attend Assembly meetings, Faculty Council meetings)...? On our part, we'll do our best to keep you informed: read The Auricle, check the bulletin board near the Medical Society Office, listen when your rep makes an announcement .... Please ?
- 2) Period II Comprehensive: Best of Luck to all Class of 7T6 students. When it's all over, could you channel any criticism of the exam through your class reps so that it can be made available to the Period II Committee? Thanx from the class of 7T7.
- 3) Curriculum: Have you ever read "The Objectives and Scope" of our curriculum on pp 32-33 of the Faculty Calendar for 1974-75 ? You should! If you agree that 'wot we got sure ain't wot we're supposed to get' (Part 6 excluded) and are willing to do something about it to help the next guy who comes along, get in touch with Mary Tweeddale (921-0445) - She's in charge of the Medical Society Curriculum Review Committee.
- 4) Medical Assembly: The last meeting of the year was held on Monday, May 12 at 7 p.m. in the Dean's Conference Room. Please note that Medical students are invited to attend - It's been a while since we've had spectators, so we look forward to seeing you at next year's meetings.
- 5) Medical Society Lecture: Is there anyone out there who wants to become involved in the organisation of this event? It's going to be held sometime next Fall but planning is already under way. Leave a note in Room 2141 for Mike Howcroft or myself.
- 6) Grading System: Since 1969 this Faculty has had an Honours-Pass-Fail system. Every now and then there have been discussions of the merits and disadvantages of this approach and the consensus of opinion among students has been to leave it alone, as a compromise between marks and a pass/fail system. Recently, at a discussion of The Canadian Intern Matching Service, Dr. Scully (who is chairman of the rotating intern selection committee at TGH) expressed the view that it was very difficult to interpret the grades of Toronto students and that this put them at a disadvantage compared to students of other medical schools where quantitative grades and/or class rankings were assigned; this forced the hospital to put a greater weight on other criteria (e.g. letters of reference, interviews) in the selection of interns. Whether this is good or bad is a debatable proposition. No changes in the grading system are being contemplated at the present time. However, an interesting trial balloon was launched recently by a ranking member of the Faculty hierarchy: it is based on the premise that a medical student should be mature enough to decide for himself what his priorities shall be and should know under what conditions he learns best. Essentially, at the beginning of each year, a student would

(cont'd)



decide what type of grading system he preferred for the year: Pass/Fail or marks. Highly competitive students, in quest of medals and plum residencies could then compete with each other to their hearts' content while the others, more concerned with mastering the core of the subject, would be removed from the contest.

There are some flaws in this system but I'd like to hear your opinion on the subject of grades. If there seems to be sufficient discussion it might be a good idea to have a referendum in the fall.

Have a good summer...

Sincerely,

Ron Cyr

END!



## the egg shell :

- by Karl Maret IIA

This last article will conclude "the Eggshell" for this year, and it was felt to be appropriate to give a limited bibliography relating to some of the subjects discussed as well as other books of interest. With the summer almost here, some of you may wish to pick up one or more of these books or articles, and pursue the quest of the outer boundaries of science

on your own. You might even learn something to help your future patients.

### General References:

1. Marilyn Ferguson: The Brain Revolution (The Frontiers of Mind Research) Talpiger Publishing Co., New York, 1973. (also in paperback)
2. Lyall Watson: Supernature (The natural history of the supernatural) Coronet Books, 1973.
3. Stanley Krippner & Daniel Rubin: Galaxies of Life - The human aura in acupuncture and Kirlian photography. Gordon & Breach Ltd. New York
4. Robert E. Ornstein (ed.): The Nature of Human Consciousness (1973. W. H. Freeman & Co., San Francisco, 1973.
5. Hans Selye: The Stress of Life, McGraw - Hill Co., 1956.

### Effect of Electromagnetic Fields on Life

6. A. S. Prasman: Electromagnetic Fields & Life, Plenum Press, New York, 1970. (Russian book)
7. Harold Saxton Burr: Blueprint for Immortality- Neville Spearman, London, 1972.
8. Madeleine F. Barnothy (ed): Biological Effects of Magnetic Fields - Volumes I & II, Plenum Press, New York, 1964.
9. Albert Szent-Gyorgyi: Bioelectronics, Academic Press, New York, 1968. (another interesting book by this author is Introduction to Submolecular Biology.)

### Air Ions and Weather Influences

10. S. W. Tromp: Medical Biometeorology, Elsevier Publishing Co., New York, 1963. (over 3000 references)
11. R. Gualtierotti, I. H. Kornbluh, C. Sirtori (eds): Bioclimatology, Biometeorology, & Aeroionotherapy, Carlo Erba Fdn, Milan, 1968.
12. Giorgio Piccardi: The Chemical Basis of Medical Climatology, Charles Thomas, Springfield, Illinois, 1962.
13. A. P. Krueger: Are Air Ions Biologically Significant ? - A review of a controversial subject. Intn'l J. Biometeorology Vol 16 #4, pp. 313-322, 1972.

### Nutrition, Calcification, etc.

14. Hans Selye: Calciphylaxis, University of Chicago Press, 1962.
15. Carlton Fredericks: Eating Right for You, Grosset & Dunlap Co. N.Y.
16. George Watson: Nutrition & Your Mind, Bantam Books, 1972. (1972..)

The above list is by no means complete and many other good references were left out. I hope that this column has fulfilled its purpose and acted as a source of stimulation to its readers. Whether or not we will be graduating many "physicians" i.e. 'natural philosophers', as well as healers in the broadest context who will use many useful forms of healing in addition to allopathy, only time will tell.

Have a good summer.

.....The End !!!!!!!

Editor's note: May the coming three months be rewarding for you...  
Have a happy and a safe summer.